

CLAIMS ONLY

Application Number

Applicant(s)

Filing Date

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|--------|----------|--------|-----------------------|--------|------------------------|--------|
| | Indep | Depend | Indep. | Depend | Indep | Depend |
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| Total | 19 | | | | | |
| Depend | 19 | | | | | |
| Total | 21 | | | | | |
| Claims | 21 | | | | | |

May be used for additional claims or amendments

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